EXPOSURE TO INFECTIOUS AGENT REPORT FORM

(Please return completed form to EHSS at 0423, email to sowen@vt.edu, or fax to 1-866-460-0028)

EXPOSED EMPLOYEE INFORMATION	
Name:	Hokie ID No.:
Job Title:	Home Department:
Phone Numbers Work: Home:	
Brief Summary of Job Duties:	
HBV Vaccination Series? ☐ Yes ☐ No	Dates Received:
Previous Titer Analysis Performed? ☐ Yes ☐ No	Date: Results:
EXPOSURE INCIDENT INFORMATION	
Date of Incident: ______/______/______	Campus Location:
Time of Incident: ________:________ am pm	Infectious Agent (if known):
Route of Exposure (circle): ☐ Non-Intact Skin ☐ Mucous Membrane ☐ Puncture	
Circumstances of Exposure:	
SOURCE INDIVIDUAL INFORMATION (IF APPLICABLE)	
Name (if known):	Hokie ID/SSN No.:
Consent For Testing Obtained? ☐ Yes ☐ No	
HBV Status:	HIV Status:

FOLLOW-UP		
Physician's Visit Yes No		
Physician Name:____ Phone Number: ____ Address: ____ ____		
Please Check All That Apply		Comments
Baseline Blood Collection	☐	
HIV Serological Status	☐	
HBV Post-Exposure Series	☐	
HBV Immune Globulin	☐	
HBV Titer	☐	
Counseling	☐	
Other:	☐	

If this is a Laboratory Exposure, please describe any modifications that have been made to the organism you are working with:

____

____

____

____

____

____

____

____